

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032625

STATE FILE NUMBER

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 112

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bethany</b>		Length of stay in 1b <b>14 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Noel Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>Walter</b> Last <b>Wells</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>6</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 11, 1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Hand</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island R.R.</b>	
11. BIRTHPLACE (City and state or country) <b>Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Norman Wells</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Martin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Guy Martin Mercer Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrhythmia</b> DUE TO (b) <b>Coronary Heart Failure</b> DUE TO (c) <b>10 days</b> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>p.m.</b> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>8-22-1961</b> to <b>9-6-61</b> and last saw him alive on <b>9-6-61</b> Death occurred at <b>6:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Merian P. Beethany M.D.</b>		22b. ADDRESS <b>Bethany, Missouri</b>	22c. DATE SIGNED <b>9-12-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 8, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Early Cemetery</b>	23d. LOCATION (City, town, or county) <b>Mercer Mo.</b>
24. FUNERAL DIRECTOR <b>Ames Greenlee</b>		25. DATE RECD. BY LOCAL REG. <b>9-12-1961</b>	26. REGISTRAR'S SIGNATURE <b>Gella Maxey</b>

(Licensed Embalmer's Statement on Reverse Side)

If this body is not embalmed, fact should be so stated above.